

UNITED STATES DISTRICT COURT

for the

## Middle District of North Carolina

United States of America

JOSE GARCIA, JR.

) ) ) ) ) )

Case No. 1:15CR243-4

*Defendant*

## ARREST WARRANT

To: Any authorized law enforcement officer

**YOU ARE COMMANDED** to arrest and bring before a United States magistrate judge without unnecessary delay

(name of person to be arrested) JOSE GARCIA, JR.

who is accused of an offense or violation based on the following document filed with the court:

- Indictment       Superseding Indictment       Information       Superseding Information       Complaint  
 Probation Violation Petition       Supervised Release Violation Petition       Violation Notice       Order of the Court

This offense is briefly described as follows:

Conspiracy to distribute cocaine hydrochloride in violation of 21:846 and 841(a)(1)&(b)(1)(B).

\*\*\*The United States Attorney requests a detention hearing.\*\*\*

Date: 06/30/2015

John S. Brubaker, Clerk

*Issuing officer's signature*

City and state: Greensboro, NC

/s/ Abby Taylor, Deputy Clerk

*Printed name and title*

## Return

This warrant was received on (date) \_\_\_\_\_, and the person was arrested on (date) \_\_\_\_\_  
at (city and state) \_\_\_\_\_.

Date:

*Arresting officer's signature*

*Printed name and title*

**This second page contains personal identifiers provided for law-enforcement use only and therefore should not be filed in court with the executed warrant unless under seal.**

*(Not for Public Disclosure)*

Name of defendant/offender: \_\_\_\_\_

Known aliases: \_\_\_\_\_

Last known residence: \_\_\_\_\_

Prior addresses to which defendant/offender may still have ties: \_\_\_\_\_

Last known employment: \_\_\_\_\_

Last known telephone numbers: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Scars, tattoos, other distinguishing marks: \_\_\_\_\_

History of violence, weapons, drug use: \_\_\_\_\_

Known family, friends, and other associates (name, relation, address, phone number): \_\_\_\_\_

FBI number: \_\_\_\_\_

Complete description of auto: \_\_\_\_\_

Investigative agency and address: \_\_\_\_\_

Name and telephone numbers (office and cell) of pretrial services or probation officer (if applicable): \_\_\_\_\_

Date of last contact with pretrial services or probation officer (if applicable): \_\_\_\_\_